



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION TO RENEW STUDENT SERVICES CERTIFICATE

(Application for renewal should be submitted within 30 days prior to the expiration date of current classification.)

SECTION I: VITAL INFORMATION

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		
ALL MAIDEN/FORMER NAMES		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H () W ()

B. PURPOSE OF APPLICATION: Check appropriate box

1. I am requesting to renew:	<input type="checkbox"/> School Counselor	<input type="checkbox"/> School Psychological Examiner
	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Speech/Language Pathologist
2. List all student services experience since the effective date of last classification issued.	FROM	TO

SECTION II: PROFESSIONAL DEVELOPMENT DOCUMENTATION

NOTE:

Applicants must meet requirements under Section II-A and either Section II-B1 or II-B2.
All requirements must be met during the valid dates of the certificate.

SECTION II-A Attend at least three (3) professional workshops/seminars totaling 15 clock hours and appropriate for School Counselors/Psychological Examiners/School Psychologist.

TITLE	DATE	CLOCK HOURS
TOTAL HOURS		

SECTION II-B1 EDUCATION DATA GRADUATE COURSEWORK APPROPRIATE TO GUIDANCE—Official transcripts must accompany this application six (6) graduate semester hours

List all colleges and universities, in order of attendance, at which courses were completed since the effective date of this classification

COLLEGE OR UNIVERSITY	STATE	DEGREE	YEAR	LAST TERM OF ATTENDANCE DAY/MONTH/YEAR

TWO PAGE FORM

SECTION II-B2		
Complete information below and submit documentation for each activity.		
ACTIVITY Appropriate to school counselors/psychological examiner/psychologist. Successful completion of at least 3 of the 6 areas is necessary for renewal. Total of 90 clock hours.	VERIFICATION REQUIRED	CLOCK HOURS OR CEU'S COMPLETED
1. Less than 6 hours of graduate college credit	✓ Official transcript(s)	
2. DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION INSERVICE <ul style="list-style-type: none"> • DESE Comprehensive guidance inservice • At-Risk Conference • Tech Prep/A+/School to Careers Conference • Gender/Multi-Cultural workshops • Other DESE inservice as appropriate for worksetting (local approval) 		
3. CONFERENCE/WORKSHOPS	✓ Certificate of attendance or copy of paid registration.	
4. School District Inservice Appropriate to Worksetting (10 clock hours maximum in this area)	✓ Verification by District Administration and type of inservice	
5. Professional Service <ul style="list-style-type: none"> • Missouri School Improvement Review Team • North Central Accreditation Team • Publications • Officer of Professional Association 	✓ Copy of team member roster ✓ Copy of article ✓ Documentation from professional association ✓ Documentation from institution coordinating the supervised experience	
6. Other activities may be approved based on the demonstrated relationship between the counselor's personal development needs and the training content.	✓ Certificate of attendance of copy of paid registration	
NOTE: 15 Clock Hours = 1 semester hour 2 CEU's = 1 semester hour Total Semester Hours ____/1 = ____ Total Clock Hours ____/15 = ____ Total Ceu's ____/2 = ____ Total Graduate Hours Equivalent= ____		
C. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)		
Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.		
	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>
*View Social Security number disclosure notice at http://dese.mo.gov/schoollaw/freqaskques/SSNUUsage.htm		
D. SWORN AFFIDAVIT		
I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for renewal of a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application for renewal as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.		
APPLICANT'S SIGNATURE	DATE	
VERIFICATION OF SUPERINTENDENT (DOCUMENTS MAINTAINED BY VERIFICATION AUTHORITY)	DATE	
PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480. ORIGINAL SIGNATURES REQUIRED—NO FAXES OR PHOTOCOPIES VISIT OUR WEBSITE AT: www.dese.mo.gov		